THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLVIII. WEDNESDAY, MARCH 30, 1853. No. 9.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I offer to your readers a translation of a series of lectures on the subject of "Displacements of the Uterus," delivered in Paris during the early part of the last year, at the "Hôpital de la Pitié," by M. Valleix, who is now giving special attention to uterine displacements, and who is well known as the author of the "Guide du Médecin—Praticien," &c. The lectures were reported for the "Union Médicale," of last year, by M. T. Gallard, principal *interne* in the department of M. Valleix.

L. PARKS, Jr., M.D.

Boston, March 11th, 1853.

DISPLACEMENTS OF THE UTERUS.

GENTLEMEN,—As I announced to you, at the commencement of these lectures, we proceed to devote several sessions to the study of displacements of the uterus—a subject, the importance of which I hardly need to point out, as you very well know that it has already been for some time the order of the day, and that the numerous discussions, to which it has given rise, are far from being terminated.

These displacements, gentlemen, are much more frequent than you would be persuaded to believe. If, in fact, you visit a hospital, where diseases of the uterus are specially attended to, you will be astonished at the great number of patients you will find affected with these complaints, which, some years since, were scarcely mentioned; and there is assuredly not a medical or surgical clinique, of any kind, which might not present to you several cases of them.

It is not only by their frequency, that the study of these lesions is rendered interesting—a study, difficult it is true, but necessarily fruitful of results. There are many other inducements for engaging in their investigation. First, I would mention the number and variety of symptoms presented by displacements of the uterus. You will see, indeed, under what diverse aspects these symptoms, confining themselves as they do to no one point of the economy, may manifest themselves, and how great is their obstinacy, and sometimes their gravity.

There is a second consideration, no less worthy of your attention, which is, that the tendency of these diseases is not to spontaneous re-

covery, but, on the contrary, to self-perpetuation, and to aggravation in proportion to duration—facts you will learn from the different cases which will come before you in the course of these lectures. It is then difficult, at first, to comprehend why the study of uterine displacements has been so neglected until within a few years past, as, formerly, very few physicians were occupied with them, and the only modes of treatment devised were insufficient or purely palliative. These remarks, be it understood, gentlemen, apply particularly to displacements of the uterus in the non-pregnant state; since the effects of displacements occurring during pregnancy had, long ago, challenged attention, and the means of remedying them had been diligently sought. The very simple reason of this is, that these effects, showing themselves suddenly, in consequence of the displacement of a voluminous uterus, give rise to an injurious compression of neighboring organs, and manifest themselves by symptoms intense in proportion to the size of the organ. There was then a necessity of devising prompt treatment for these cases, and, thence, it was impossible that the subject should not receive attention. But since, in the different circumstances of the non-pregnant condition, the axis of the womb does not ordinarily deviate in a sudden and rapid manner from its proper direction; since, on the contrary, the progress of the disease is slow and insidious; since the really serious symptoms do not manifest themselves till after a certain time, and, besides, are never so alarming as in cases of pregnancy, it is not astonishing that they have attracted less attention.

Further, we will remark, that this negligence we are pointing out in the study of uterine displacements applies to diseases of the uterus in general, either because the means of exploration were insufficient, or, because the lesions showing themselves rebellious to the inefficient modes of treatment with which it was in the power of the practitioner to meet them, but slight importance was attached to the knowledge of diseases which could scarcely be relieved.

When M. Recamier had introduced, and made general, the use of the speculum, more notice was taken of uterine diseases. But the invention of this instrument, which was of so great service in one respect, was rather injurious to the study of displacements. Attention was given almost entirely to affections apparent to the eye, and susceptible of direct examination; and, by consequence, to those having their seat upon the neck of the uterus.

Now, this means of examination was insufficient to make known the numerous and varied affections, the history of which I am about to unfold to you; since, in their diagnosis, the speculum is of no great advantage. Some, indeed, have gone so far as to deny it any utility in these cases. In this opinion, however, there is error and exaggeration. Generally speaking, the speculum is not sufficient by itself. Sometimes, it affords us no information. But, most often—as it has been in my power many times to demonstrate to those among you who visit the wards with me—it may afford a certain degree of aid. In fact, when on introducing the speculum in the direction of the vaginal axis, you do not find the cervix uteri, or, if, finding it, you disclose a portion which normally

should not be in view, ought you not to suspect the organ to have deviated from its habitual direction ? This inference should have occurred to the reflection of those, who, in the early days of the use of the speculum, so often pointed out the difficulty of finding the cervix uteri, and spoke of the practice and skill necessary to the operator to enable him to seize it, when directed posteriorly towards the sacrum, or anteriorly towards the pubis. For if the cervix uteri always preserved its normal direction, this difficulty in finding it would not have been experienced, since it would have been sufficient simply to carry the speculum in the direction of the axis of the vagina. The real importance, then, of this means of investigation, has been undervalued.

Finally, there is a cause more powerful than all the foregoing, of that species of abandonment to which displacements of the uterus have been consigned, in that preconceived theories have prevailed upon this subject. It was thought that to displacements by themselves, no interest attached, and that the symptoms experienced by patients were rather to be attributed to the *engorgement** by which the former are always accompanied. Thus, the declaration of Cruveilhier—that " the displacement is nothing, the congestion is all " ! He added, also, " put an end to the one, and the other will disappear of itself." This opinion was shared by M. Dubois, and by other authors highly to be esteemed, and was based upon the following grounds (for you well know that views adopted by MM. Dubois, Cruveilhier and Bennet, must be fortified by arguments and facts of great weight) ; first, congenital displacements were found without congestion of the uterus, and unattended by any pain, by any symptom, of the nature of those we shall have occasion to observe. In the second place, cases have been seen, in which an acquired inclination of the uterus carried to a great extent occasioned no suffering, particularly when the uterus was small, and the surrounding tissues maintained their suppleness.

But these are exceptional cases, from which it behoves us much to be on our guard against drawing a too positive inference. For, on the other hand, I have been able to collect a great number of facts, the result of which is, that once the uterus is returned to its normal situation, how great soever may have been the congestion, and without anything having been done to dissipate it, there is, almost always, a relief, so great, so complete, so rapid, that it cannot be attributed to the disappearance of the congestion, since the removal of this has evidently been impossible.

As a remarkable example of this class of cases, I will cite the instance of a lady whom I lately saw. She had a retroflexion, dating back, as is to be inferred from the account furnished me, nine years. The value of this case is enhanced by the fact that during these nine years, the resources of every possible mode of treatment for congestion —bleeding, cauterization, &c.—were exhausted upon the patient. Not only did she fail of obtaining relief, but was the victim of increased suffering. About six months ago she came to consult me, when I recog-

* " Engorgement," as defined by Dupareque, is enlargement by congestion, hypertrophy, &c. &c.—Warrington's version, pp. 76 and 77.—TRANS.

nized the retroflexion, and commenced a course of treatment, which was interrupted by a particular circumstance. This lady lost an only daughter of the age of 14 or 15 years, and, during the first moments of her grief, gave no thought to her own illness. When, finally, treatment could be recommenced, I put in practice simply the re-placement of the uterus, with the aid of the sound. The uterus, brought into its normal position, maintained itself there for some time (as it was easy for me to ascertain by tactile examination), and immediately this patient, who, for nine years, had undergone constant distress, being unable to take a single step without suffering, and with difficulty enduring the jolts of a vehicle, felt a relief so marked, that she was able to rise and walk home without pain. After some hours, the uterus having returned to its abnormal position, the symptoms re-appeared. The next day, a new re-placement, and a new relief for the space of five or six hours. Then a re-appearance of the symptoms. After the fourth application of the sound, the relief was permanent, the pains not returning. A menstrual period arriving the next day, and the flow pursuing its regular course, the patient naturally was not examined for some time. When we saw her again, the uterus had maintained its normal position.

This recovery is still too recent for me to feel myself sufficiently authorized to regard it as definitive. But, if it continues, it will be one case the more to add to those I have collected, in which the *application of the sound sufficed* to cure a displacement.

I have cited this fact simply to show you the real part played by congestion, since, in the case of this female, where the congestion was considerable, the uterus being 8½ centimetres* in depth, and necessarily preserving this size after the re-placement, it was not sufficient to produce the symptoms, all of which disappeared, at the same time with the displacement, to be re-produced when that returned. I will add that what occurred in this particular case is a matter of daily observation, and the uterus is seen to keep up, during a longer or shorter space of time, a state of congestion, which it is not (in this organ more than in any other), the work of a moment to dispel; although the symptoms may have disappeared, or nearly so, as soon as the uterus has been brought to its normal position. But this point in the history of uterine displacements being too important to be treated thus incidentally, I shall have occasion to return to it, at the proper time, when you will see the real importance, in uterine displacements, of the state of congestion—a condition of the organ which is far from being of no consequence.

[To be continued.]

M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of L'Union Medicale—Translated from the French by D. D. Slade, M.D., Boston, and communicated for the Boston Medical and Surgical Journal.

TWENTIETH LETTER.

My Dear Friend,—The indurated chancre should still be the subject of our conversation. This subject is important, but a little dry, and I need all your kind attention.

* About three inches and two lines.

In this variety of the primary ulcer, the form remains more regularly rounded, provided the ulcer is seated altogether upon homogeneous tissues. The borders are almost never separated from the neighboring parts. They are not always cut perpendicularly—slightly prominent, they are continuous with the base, which is hollowed out, as it were, *in the form of a little cup.* The surface of the ulceration, greyish, lardaceous, is sometimes variegated. Its centre is then of a darker tint, indented, brownish; we should say like that of a little cockade, which has caused the common name of *partridge's eye* to be sometimes given to this form.

But the induration which constitutes the principal character of this variety of chancre, at what period does it commence? What is the length of time which passes between the act by which the contagion is produced, and the first manifestation? The solution of this question is very important, for, from the moment that induration has taken place, the malady is no longer only local. I have attempted to fix this period, but it is not always easy. The patients do not ordinarily present themselves till a long time after the contagion; and not being aware of the importance of the pathological condition of which we are here speaking, they have not noticed the commencement. What explains in the majority of cases this want of attention on the part of patients, is, that the indurated chancre is essentially indolent, of slow progress, suppurating little, that they do not perceive it till very late, and often it even passes unnoticed by them. You recollect that I have already cited to you some examples. I again speak of them, in order that you may remind those who always believe in the miracle of constitutional veroles *d'emblée.*

We are not always sure of the date of the coitus, or of the contact to which we ought to refer the chancre itself; consequently it is very difficult to know when the induration commenced. However, in the cases where it has been possible to arrive at anything precise, it is never before the third day that the induration manifests itself. In all cases, it is always in the course of the first or second week. It would appear even certain—at least until new observations more precise come to prove the contrary—that if a chancre exists for more than three weeks without induration, it will not become indurated. Induration is a precocious phenomenon. Certain conditions can deceive and make us believe in indurations at a later period. Let us examine these.

The specific induration is not always easy to discover. Either in consequence of the ordinary contagion, or after the artificial inoculation, the infected part often becomes the seat of an inflammatory process, which Hunter called the *common inflammation*, and in which the specific induration is enchased and masked during a certain time; so that it is only according as the simple, œdematous, sub-phlegmonous, or more plainly, inflammatory engorgement is absorbed, that the specific induration becomes marked, and is found as it were exhumed from the inflammatory atmosphere which surrounded it. Until then, the characteristics of the engorgement, whether œdematous or inflammatory, having prevailed, we cannot consider the specific induration as commencing until the moment

when we begin to perceive it; and it is thus that we could believe in tardy indurations, in chancres which have not commenced to indurate until after three weeks, a month, and even longer still after the contagion.

Certain local applications, as cauterizations for instance, give rise sometimes to factitious indurations, which we can produce at various epochs, and which might deceive. These factitious indurations could even be complicated with specific indurations, and thus render them difficult to recognize. We know that the late antagonists to the virus, formerly said that they could produce a chancre similar to the Hunterian chancre, with corrosive sublimate. Similar—yes, they are right; but identical, no. In fact, with the corrosive sublimate, the chromate of potash, the liquid acetate of lead, so often employed in common practice, the hot ashes from a pipe, and sometimes simply with the nitrate of silver, we give rise to accidents so analogous to the indurated chancre, that physicians who have not a large experience with this condition, are daily deceived. It is only in consequence of errors of this kind, that we can believe that the indurated chancre is not inevitably followed by constitutional accidents.

There is another cause of error from which some writers upon syphilis have not escaped, and among others Mr. Babington, the annotator of Hunter. Some patients might preserve from a first contagion an induration, and contract afterwards upon this induration a new chancre. If we did not know well the history of the antecedents, we might believe that this last chancre had commenced with induration, and that this might be the first phenomenon of the contagion. This is a great error; the induration comes on always consecutively to the ulceration. The circumstances in which we have not taken into consideration a previous induration, due to a former contagion, could make us suppose when the patients had contracted a new chancre upon this induration, that this new chancre had in its turn become indurated; an error which might cause us to admit more exceptions to the law of *unicity* than there really are.

You know that there are some writers upon syphilis who pretend that all the primary accidents, whatever they may be, can be followed by secondary accidents, and if there is any exception, it would be in favor of blennorrhagia. Well, these writers upon syphilis admit so much the more, that the non-indurated chancres, as well as the indurated ones, can be followed by constitutional accidents. It is, then, quite important to understand how far this is true. You have already seen that common inflammation can mask the specific induration and cause us to believe in another form of chancre. It happens also, in some circumstances much more rare, that the ulceration, after having been indurated, becomes phagedenic. If, then, we have not seen the commencement of the disease, we might still be deceived, and believe in the possibility of constitutional accidents after the non-indurated phagedenic chancre.

On the other hand, the induration, without losing its immense value, does not always assume well its form; it does not constantly assume the same development; it is sometimes superficial; we must know how to search for it in order to discover it in the thickness of the skin or of a mucous membrane. It gives sometimes to the touch only the

sensation of a lining of parchment. I designate this form, at the Hospital du Midi, under the name of *parchment-like induration.* The indurated chancres for this reason, are very often taken for simple excoriations, for simple cases of balano-posthitis, when they do not pass entirely unperceived; for they are superficial, on a level with the neighboring healthy parts, and sometimes even a little more prominent.

The induration ordinarily attacks all the base of the ulceration; but in some rarer cases, it affects only the borders, and is then only annular. It is with this form of indurated chancre that we might preserve the denomination of *primary annular syphilis.*

When there exists no complication, the induration is abruptly circumscribed by the healthy tissues; it is much more extended than the ulceration to which it serves as base. It is constituted by a hard nucleus, as if cartilaginous, resistent, elastic, indolent and perfectly rounded; this nucleus lifts up the ulceration above the level of the neighboring healthy parts, and constitutes then a variety of *the elevated ulcer.*

The induration presents itself sometimes under the form of a *crest* more or less prominent, when the plastic infiltration which constitutes it, does not take place in homogeneous tissues, and meets with resistance at some points, as happens at the reflexion of the prepuce in the groove at the base of the gland—a seat where, after all, we find the best characterized indurations. If we compress the skin or a mucous membrane upon an induration, these tissues grow pale, and we observe something analogous to what happens, when, in turning over the eyelid, we compress the conjunctiva upon the tarsal cartilage.

The induration is produced ordinarily in a slow and gradual manner. Sometimes it grows by jerks; in some cases it remains a long time but slightly marked, in order to take on afterwards extensive proportions. The tissues often become indurated to a great extent; I have seen the whole of the base of the gland, which appeared to have taken on a cartilaginous transformation, and which might be taken for a cancerous degeneration. One of the most curious observations in this respect, has been offered to me by a patient sent to me by Prof. Andral.

The induration, after having diminished or even disappeared, is very subject to return. It is not rare to see it then take on dimensions more considerable than it had at first.

The term of the induration is not limited. In those cases which are superficial, parchment-like, I have seen complete resolution take place, so as not to leave any traces after less than a month's duration. At other times, on the contrary, it persists during some months, and even years. The groove about the base of the gland—a region, where, as I have said, they are the most marked—is also that, where they remain the longest. Upon the gland, upon the neck of the uterus, at the vulvar circle, where it is often little marked and very difficult to appreciate, the induration disappears very quickly. It is sometimes very ephemeral in the urethra, especially in females; also in the anus, and in the vagina. We need to pay much attention in order not to be deceived. Upon the tongue, and especially upon the lips, it remains sometimes quite a long time. In all cases, when the induration commences to dis-

appear, the ulceration has been already a long time cured. When resolution takes place, the induration undergoes some modifications ; it loses its resistance, its elasticity, it becomes, as it were, gelatinous, and finishes by leaving in the place that it occupied, a wrinkled spot, of a brown copper-colored tint.

The indurated chancre, which is less often multiple than the other varieties, and of which the specific ulcerated period is soon limited, either *sua sponte* or by the effect of art, takes on, however, under certain circumstances, sufficiently extensive dimensions. It extends itself and deepens. We might believe, then, that it was going to produce great loss of substance; well, when the cicatrization is complete, we do not often find any further traces of it, for it is the plastic exudation which has alone served as food to the phagedenism, in guarding the neighboring tissues from the progress of the ulceration. This condition, so common to the indurated chancre, is important to understand as regards the etiology of constitutional syphilis, for it is not the cicatrices which are the most numerous, nor the deepest, which prove that infection has taken place.

The specific induration is the certain absolute proof that the constitutional infection has taken place. It is the passage of the primary accident to the secondary accident. In fact, the indurated chancre is the variety which loses the quickest the principal characteristic of the primary accident, viz., the possibility of furnishing the inoculable pus. But if it always demonstrates the infection, and if its increase is in ratio with the gravity of the accidents which are to follow ; if we can consider it, pardon me the expression, as a *syphilomètre*, we can also regard it as an excellent measure of treatment ; for it is one of the accidents which ordinarily obey the best a mercurial treatment. There are, however, circumstances, under which the induration resists ; it is then, the most often, not any longer with the specific induration that we have to deal, but with an organized tissue, which has succeeded it ; that is to say, with a tissue of a fibrous nature. It is thus that I have been able to explain an induration which a patient presented to me in my wards in the Hospital du Midi, who was affected with a caries of the frontal bone, which came on thirty years after a chancre at the base of the gland, and in whom that induration persisted under the form of a well-pronounced nucleus. The difference is still very difficult to make out, in a great number of cases, between the tissue of a fibrous character and the specific induration.

The specific induration has for its anatomical seat, the thickness of the skin and the mucous membranes, the sub-cutaneous cellular tissue as well as the sub-mucous, but it would seem that the lymphatic capillary vessels should be the seat of predilection. It is in fact where the lymphatic net works are the best designated and most abundant, that the induration takes on its best form and its largest dimensions. What still comes to the support of this opinion, is the manner in which the induration extends, and is propagated. We see, then, that it is in following the lymphatic vessels, which, according as they become more voluminous, are designated in the form of cords.

As to the intimate nature of the induration, as to its essence, as to what constitutes it, organic chemistry, which has afforded us so many marvels of late years, which has, perhaps, given us too many, has as yet found nothing; and the microscope, which always promises, and which sometimes keeps its promises, has only yet recognized in the specific induration, fibro-plastic tissue, proportionately very abundant, but which does not differ from what we find elsewhere and in other conditions of non-specifity. This is, at least up to the present time, the result of the researches undertaken by one of my very distinguished disciples, Mr. Acton, of England, and of those which have been since made by MM. Robin and Marchal (de Calvi) at Paris. The same results have been obtained by our learned and industrious colleague and micographist, Dr. Lebert, to whom we are indebted for such beautiful works.

Such are, my friend, the results of my researches and of my observation upon the indurated chancre. I simply indicate them to you here, for, as I am obliged often to repeat, I do not write a didactic work upon syphilis. I recal only the principal points of my doctrine, upon the occasion of the objections which are still from time to time, and more or less directly addressed to me. The developments form the subject of my oral teaching; they are, moreover, the subject of an extended work which I am preparing, and of which these *letters*, so to speak, are only the *summary*. From this work, I select the general principles, the essential points of the doctrine, indicating the principal motives upon which they are based; and this work, imperfect though it may be, has no other merit than that which the position of your readers gives it, who are no longer pupils, but learned and enlightened practitioners, and to whom these indications ought only to recal the studies and researches previously and completely made.

Yours, RICORD.

NEW APPARATUS FOR FRACTURE OF THE RADIUS.

BY RICHARD M. HODGES, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE attention of the profession having been recently called, through this Journal, to a new apparel for fractures of the lower extremity of the radius (Dr. Bond's), I am induced to offer the description of another, which, so far as I am aware, has never been made use of in this neighborhood; and having witnessed its application and efficiency, I am able to speak of it from personal experience.

The great variety of methods recommended in treating this accident, probably arises from the loose manner in which the term "fracture of the lower extremity of the radius" is applied to all fractures of the lower *half* of this bone, the indications varying so much according as they are more or less distant from the radio-carpal articulation. The fracture for which I wish to describe an apparel, is that which was so long confounded with dislocation of the wrist; and to illustrate its adaptedness it

will be necessary to review in a few words, the nature of this fracture and its displacement.

The radius forming nearly the whole of the upper articulating surface of the wrist-joint, the ulna being but indirectly articulated with the carpus, sustains the whole shock of a fall, is generally alone fractured, and this almost invariably at the same level; "the principal division of the bone has always seemed to me," says Malgaigne (Traité des Fractures, Paris, 1847, p. 605), "to occupy very nearly the same point, viz., where the compact tissue of the shaft entirely disappears to give place to the spongy tissue of the epiphysis." This point is rather less than an inch from the articular surface, varying with the age and size of the subject. The direction of the fracture is always transversal (Voillemier), and the character of the deformity is so constant, that when it takes place from a fall on the palm of the hand (the almost unique cause), it may be diagnosed across the room. Oftentimes, crepitation being so rare, this is the only means of diagnosis. This deformity arises from the following displacement. The lower fragment penetrates with its palmar edge the substance of the upper, and this with its dorsal edge the substance of the lower; or else, the whole lower fragment covers the superior, which enters it like a wedge. The lower one inclines backward at the same time that it mounts upward, and the penetration of the upper fragment is greater on the dorsal and radial side of the wrist, owing to the direction of the force which fractures. There results a tumor on both the back and the front of the wrist, from the projection of the two fractured ends. The prominence on the back of the wrist is much greater than that on the inside; this, together with the backward inclination of the hand, constitutes the *talon de fourchette* of M. Velpeau, the distortion of the arm, wrist and hand suggesting an ingenious comparison to the lines of curvature presented by a silver fork. There is no inclination of the fragments towards the interosseous space, for the simple reason that the fracture takes place at a point where no interosseous space exists, and the upper fragment would be an insuperable obstacle to the displacement of the lower one in this direction. The upper one might possibly be displaced in this sense when the fracture is a little higher than the classic level, but even then the irregularities of the lower fragment would be almost sure to hold it in its place, as is proved by the fact that movements of rotation given to this are communicated to the upper one in almost every case. The shortening of the radius by the mutual penetration of the fractured surfaces, makes the styloid process of the ulna more prominent than natural.

But this may project from another cause. For notwithstanding the anatomical disposition of the parts which renders the radius so peculiarly liable to suffer alone, the ulna is at times fractured, and when this happens the lower fragments tend, both by the nature of the displacement and the direction of the force, which ordinarily impinges more on the radial side of the bone, to carry the lower end of the ulna outward, and this becomes a prominent deformity, because the hand tends to abduct in following the direction of the altered obliquity of the end of the radius.

From this exposition of the nature of this fracture, it would appear that the indications are—1st, and most important, to obviate the displacement of the lower fragment of the radius backward; 2d, when both bones are broken, to bring the styloid process of the ulna into its place; and 3d, to restore the interosseous space between the upper fragments.

An objection to almost all the apparels in use, arises from the nature of the deformity, and their inefficiency in preventing it or maintaining the natural position of the parts. "Whether one or both bones be fractured, *the deformity exists only from the loss of parallelism between the fractured ends and the turning backward of the lower fragment. In fact, the only indication is to push this forward.* If to the backward cant of the lower fragment of the radius is joined a displacement outward of the styloid process of the ulna, with a projection inward of the upper portion of that bone, there result two new indications, viz., to push outward the ulna, whilst you endeavor to push the styloid process inward" (Malgaigne, loc. cit., p. 616). The sling of Cline, splints curved laterally, permanent extension, &c., are all powerless, and the *attelle cubitale* of Dupuytren, acting on the hand only, fails to affect the ulna.

The fracture being reduced and the parts well moulded into their proper places, the arm is enveloped loosely by a few turns of a roller. Upon the outside of the wrist, *below* the level of the line of fracture, is placed a square compress, about a quarter of an inch thick and of the same width as the wrist at this point. Along the inside of the arm is placed a graduated compress, extending from the upper third of the arm down to the line of fracture only. These being held in place, the hand is then flexed upon the arm to very nearly its utmost extent, without using force, and bandaged from just above the elbow down to the metacarpo-phalangeal articulation with a roller, starched, dextrined or not, carefully and judiciously tightened at the point of fracture, and is so maintained till its removal be advisable. The limb is placed in a sling, and thus carried, the hand flexed on the arm, till the cure is effected. Ordinarily in three weeks the apparel may be abandoned, though it may be removed at frequent intervals for inspection and bathing of the parts. If during the first few days the swelling be too great to admit of its application, it may be deferred till its subsidence, and any temporary expedient for maintaining the flexion of the hand substituted for it.

What is the operation of this mode of treatment? The substitution of a natural for an artificial splint, one that by virtue of the flexion of the hand, adjusts and confines the parts in their proper place when once restored to that position. The tendons of eight muscles, viz., the *extensor ossis metacarpi pollicis*, and *extensor primi internodii pollicis*, on the radial side of the wrist; the *extensor carpi radialis, longior* and *brevior*, *extensor secundi internodii pollicis*, *extensor communis digitorum*, *extensor minimi digiti*, and the *extensor carpi ulnaris*, on the dorsum and ulnar portion of the wrist, and the posterior annular ligament, are spread out over the parts, and by the tension arising from flexion, adapt

an equalized compression in a way which no artificial splint could do. Their combined action presses the lower fragment forward, and restores the backward obliquity of the radius in the most perfect manner. The *extensor carpi ulnaris*, passing through the posterior groove of the lower end of the ulna, prevents lateral and posterior displacement, and by the effort it makes to pull in a straight line, retains in position the styloid process of that bone. The graduated compress of the inside of the arm, separates the upper fragments and prevents their tendency to approach each other, whilst it assists in bringing them into parallelism with the lower. The lower fragment we have seen requires no appliance for the former purpose. The dorsal compress merely adds to the power of the extensor tendons, to keep the fragment in place and constantly pushed forward.

It remains to speak of its effect upon the subsequent use of the hand and fingers, and the degree of pain resulting from its use. The deformity it unquestionably obviates, and there is no apparel yet known which is not the source of more or less pain, unless it be Bond's, the only advantage of which is that it regards the comfort of the patient, without regarding the indications of the deformity. The apparel just described, I believe, causes as little pain as any ; the muscles and tendons are stretched in their natural direction, a position far more comfortable than the lateral bending produced by the common lateral-curved splint. For the same reason, the subsequent stiffness that must follow any treatment whatsoever, is less likely to be very great, and during the whole treatment movement of the fingers may be practised to any extent —a great advantage, not to be obtained by any of the other methods proposed. The materials of which to make the apparel are to be found anywhere, and when made, you have no irregular surfaces of splints, no angular projections, nothing but the uniform compression of a well-applied bandage, which at any time may be taken off and re-applied without trouble or assistance. Such seem to be its chief recommendations. Of course, in cases where the extremity is crushed and broken into many fragments, the result of this, as of any treatment, will be unsatisfactory, and the consolidation more or less irregular. And though inapplicable to cases of fracture higher up than the one I have spoken of, and to those exceedingly rare cases, where the displacement of the lower fragment is to the inside of the wrist instead of the outside, this method of treatment seems to fulfil all the indications in fractures such as I have above described.

The idea of this method is, I believe, of Belgian origin, and I had recently the opportunity of seeing very satisfactory evidence of its usefulness, in the wards of M. Velpeau at the Hôpital de la Charité at Paris.

No. 12 *Essex st., Boston, March*, 1853.

EXCISION OF THE TESTES.

[Prof. S. D. Gross, in his report to the State Medical Society of Kentucky, on "Improvements in Surgery," gives the following account of a singular operation performed by himself.]

A very novel case, justifying, in my opinion, excision of the testes, came under my observation in 1849. So far as my information extends, there is no account of any operation for a similar object upon record. The patient, at the time I first saw her—she had always been regarded as a girl, and had been so pronounced by the accoucheur—was three years of age, having been born on the 10th of July, 1846. At the age of 2, she began to evince the feelings and disposition of a boy; she rejected dolls and similar articles of amusement, and became fond of boyish sports. She was well-grown, perfectly healthy, and quite fleshy; her hair was dark and long, the eyes black, and the expression very agreeable. Upon making a careful examination, I found the external genitals in the following very singular condition. There was neither a penis nor a vagina; but instead of the former there was a small clitoris, and instead of the latter a cul-de-sac, covered with mucous membrane. The urethra occupied the usual situation; the nymphæ were unnaturally small; but the labia were well developed, and contained each a testis, quite as large, consistent and well shaped as they ever are in boys at this age.

It being apparent from the facts of the case that it was one of monstrosity of the genital organs, usually denominated hermaphrodism, the question at once occurred whether anything ought to be done to deprive the poor child of that part of the genital apparatus, which, if permitted to remain until the age of puberty, would be sure to be followed by sexual desire, and which might thus conduce to the formation of an unfortunate matrimonial connection. Such an alliance, it was evident, would eventuate only in chagrin, disappointment, and, probably, in disgrace. Certainly no impregnation could ever occur, and even copulation could be performed but imperfectly. I gave the subject all the consideration that I was able to bestow upon it; I felt the responsibility of my position; a new question, involving the happiness of my little patient and the deepest interest of her parents, was presented to me. I appealed to the records of my profession, but in vain, for a precedent. Under the circumstances, I sought the advice of a medical friend, Professor Miller, in whose wisdom and integrity I had unwavering confidence. He saw the child, and examined her; he viewed the case, as I had done previously, in all its aspects, physiological, legal and surgical, and his conclusion was that excision of the testes would not only be justifiable, but highly proper; that it would be an act of kindness and humanity to the poor child to deprive it of an appendage of so useless a nature, one which might ultimately lead to the ruin of her happiness. The parents were already solicitous for an operation, and having imparted to them our decision, I no longer hesitated in regard to the course I ought to pursue.

I performed the operation of castration on the 20th of July, 1849, aided by my pupils, Dr. D. D. Thomson of this city, Dr. Greenbury Henry of Burlington, Iowa, and Dr. William H. Cobb of Cincinnati. The little patient being put under the influence of chloroform, I made a perpendicular incision into each labium down to the testis, which was then carefully separated from the surrounding parts, and detached by

dividing the lower part of the spermatic cord. The arteries of the cord being secured with ligatures, the edges of the wound were brought together with twisted sutures, and the child put to bed. Hardly any blood was lost during the operation. About two hours after, the labium became greatly distended and discolored; and, upon removing the sutures, the source of the mischief was found to be a small artery, which was immediately drawn out, and tied. No unpleasant symptoms of any kind ensued after this, and in a week the little patient was able to be up, being quite well and happy. The testes were carefully examined after removal, and were found to be perfectly formed in every respect. The spermatic cords were natural.

I have seen this child repeatedly since the operation, as her parents live only a few squares from my office, and have watched her mental and physical developments. Her parents, who are persons of observation and intelligence, assure me that her disposition and habits are those of a girl; that she takes great delight in sewing and house-work, and that she no longer indulges in riding upon sticks and other boyish exercises. Her person is well developed, and her mind uncommonly active for a child of her years.

VERATRUM VIRIDE.

THERE is considerable discussion at present going on among some of our southern practitioners in reference to the value of the *veratrum viride*, as a remedial agent. The preparation used, is Dr. Norwood's saturated tincture. The advocates of the new remedy strongly contend for its utility in various diseases, among which may be mentioned pneumonia, typhoid fever, pertussis and catarrhal fever. Dr. Branch, of South Carolina, states that he has been using it for months in pneumonia as well as typhoid fever, in doses varying from three to twelve drops of the saturated tincture of Dr. Norwood, and he considers it as one of the most valuable discoveries of this or any other age. He always conjoined opiates or stimulants, and sometimes both, with it. Paregoric as an opiate and brandy as a stimulant were preferred. At the same time, he used the shower-bath, blisters or alteratives, as the case might require. Dr. Branch's article on this subject is found in the Charleston Medical Journal for September.

Dr. Blackburn, of Ga., also furnishes for the same Journal an article on the same subject. He says—"I have given it in pneumonia, catarrhal fever, and pertussis, and I have never failed to reduce a morbidly-increased circulation to a healthy standard. Nor have I ever seen any unpleasant symptoms accompanying its therapeutic action, save nausea. I have given it to infants with the happiest result. I have lost only one case of pneumonia out of fifteen since I commenced relying upon the veratrum viride as a controller of the circulation."

Dr. Geo. B. Pearson testifies that "in pneumonic inflammation, whether typhoid in character or synochoid, there is always increased celerity

of the pulse, preternatural heat, &c. The remedy seems well calculated to fulfil the obvious indication of reducing the pulse, abating the heat, &c. Its extreme effect resembles that of lobelia."

Dr. T. T. Robertson, of Winnsboro', adds—"I also believe, that with it we can do something more than simply conduct typhoid fever through its stages, I believe we can *cure* it."

On the other hand, Dr. Pendleton was disappointed in the effects of this medicine, and does not hesitate to denounce it in round terms in the same Journal. We do not like, however, the spirit in which he does so. That "*experimentalism in medicine*" of which he so disparagingly speaks, has been the means of elevating the science and commending it to favor. Neither medicine nor any other science, is satisfied with the attainments of to-day. It stretches forward, and aided as it is by a host of noble sciences, all contributing their offerings to promote the general welfare and happiness of man, it is destined to accomplish yet greater results.

Veratrum viride is also called American hellebore, and according to Dr. Wood, Indian poke and poke root. It should not be confounded, from their common names, with the phytolacca or poke root properly. The veratrum is indigenous to the United States, growing in swamps and wet places. The root is the part used, and should be collected in the autumn. The form in which it is most usually administered is that of tincture. Of the saturated tincture from three to fifteen drops is the dose—Dr. Branch never prescribes at first more than six drops—seldom more than four—until he "arrives at the susceptibility of the patient, and increases a drop at every subsequent dose until the wished-for effect is produced, to wit, a cool surface, a pulse reduced to the desired standard as to frequency, but never diminished in volume, strength, or any other necessary quality, and here I hold it 'firm and fast' for a few days, which generally breaks up the case."—*Southern Journal of Medical and Physical Science.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 30, 1853.

Vaccine Irregularities. — An exchange paper makes the following statement. "Dr. Tinsley — an English practitioner of long experience in Cuba, and a graduate of Paris, has discovered, in the course of his practice in cases of smallpox, that vaccine virus, after having once passed through a negro's system, becomes useless as a preventive to the white race."

For many successive years we were constantly devoted to this one branch of practice, and hundreds of colored persons in Boston were vaccinated, from whom virus was taken and afterwards inserted in other individuals. It was always found as active in its effects as when elaborated in the arm of a white patient. The experience of a multitude of practitioners, it is presumed, might be collected, to substantiate this statement;

in fact, its truth has been proved within the last two weeks in New England. At Havana, as in all other tropical regions, it is difficult to propagate the virus, from one individual to another, owing, unquestionably, to some atmospheric condition with which physicians are not familiar. During the extreme heat of July and August, we have much difficulty, even in our northern climate, in keeping vaccine virus, on account of the state of the weather, which is then analogous to the climate of Cuba. In Siam, and in the interior of Asia Minor, smallpox rages almost every year, on account of the uncertainty of the action of the vaccine virus. The absorbents are inactive, or the intense heat modifies the lymph, if it does not utterly destroy its prophylactic properties, so that scarcely one in a thousand obtains the protection which is so generally secured in Northern countries. The announcement of Dr. Tinsley's *discovery*, therefore, we consider entitled to no credit. The failure of his operations is doubtless due to climate, and not to a dark skin.

Barnstable District Medical Society. — From some unexplained cause, the Massachusetts Medical Society seems often to be placed in an anomalous position. The lawsuit in which it successfully embarked has become an old story, and now an opportunity presents for again commanding public attention. It seems that the Barnstable District Med. Society some time since censured a Boston surgeon, for having consulted with an irregular practitioner, somewhere in their region of country. This naturally gave offence. Being out of the country at the time, we know nothing of the matter beyond the action of the two societies. The Counsellors of the State society in Boston, resolved, "that the Barnstable District Medical Society should be called upon to rescind so much of its transactions as are derogatory to the character," &c., particularly the resolve beginning with the words," &c., "the doings of the said District Society on this point to be reported to the corresponding secretary of the Mass. Med. Society." Prompt as minute men, the offending branch held a meeting, and this is the first declaration. "Voted, that in the present aspect of the affair, it would be inconsistent with the truth, and unbecoming the character of this society, to comply with this request." Then follows a narrative of the offence charged, which has been made a matter of record in the archives of the Barnstable District Society. Whether the next step will be an inquiry into the contumacy of a subordinate body, for refusing to alter a record, or whether this will be the last of the affair, we are unable to say.

Practice of Medicine in Canada. — A thorough reform is contemplated by the true friends of medical science in the lower Province. The scheme of an act to regulate the practice of physic and surgery has been submitted to the profession for examination, running thus — "No person shall, after the passing of this act, receive a license from the Provincial Medical Board to practice physic, surgery or midwifery in Lower Canada, unless he shall have undergone due examination before the said board, and obtained a certificate of qualification from it," &c. With a view to obtaining the opinion of medical gentlemen, a circular of questions was addressed to each one, and such answers as they returned, touching the expediency or inexpediency of the proposed enactment, has been published by the government. Some of the replies indicate a liberal disposition — a kind of willingness to live and let live; and were they familiar with the history of

medical legislation in the New England States, their own legislature would not perhaps be urged to action. While we had protection, that is, while ignorant pretenders were prevented by law from imposing upon the people, there was a constant uproar, a restlessness and a ringing of "monopoly," which died away with a repeal of all laws relating to the matter. Every one now in Massachusetts is at liberty to take medicine according to his own inclinations; and all who are employed, can compel those who employ them, to pay for their services; yet all this has not injured the standing of the well-qualified practitioners, though the irregulars of all denominations have a plenty of patronage. We are a people excessively prone to medicine taking; and those who have any new preparation, whether worthless or not, can generally find a market for it in New England.

Dr. Hughes's Lecture. — At Keokuk, in the State of Iowa, where the Indians held their powows comparatively but a few moons since, a university is located, with an endowment in lands that will give it immense resources in after ages. A school of medicine is flourishing under its wing already, and the discourse delivered at the opening of the last course of lectures, by J. C. Hughes, M.D., carries no indications on its frontlet of being delivered on the outskirts of civilization. It is a well-written, animated production, full of excellencies, like the enterprising inhabitants by whom the author is surrounded. He appears to be as well read in Talmudic traditions, as in modern medicine; and if the Shasters are not at his tongue's end, the Mohammedan opinion that Adam was as tall as a palm tree, is to him a familiar fact. Dr. Hughes is fitted for the place. Tact is essential to success, but when combined with sterling good sense and a well-grounded preparation for instructing those who are desirous of being taught, it is powerful for good.

Prescriber's Pharmacopœia.—The third American edition, from Messrs. S. S. & Wm. Wood's press, 261 Pearl street, New York, contains some excellent additions. In the first place, it has been carefully compared with the 9th edition of the United States Dispensatory by Drs. Wood & Bache, and the formulæ altered to correspond with those received authorities. The uses of medicines, and the whole of a well-written series of instructions in respect to diet for the sick, are from the American editor, and immensely enhance the value of this portable little guide in every-day practice. Here is a miniature volume, that might almost be carried in a vest-pocket, containing a multitude of facts and suggestions, besides specifically noting the doses of all the usually prescribed remedies. It is a convenient reference in making out a prescription, when one happens to forget the name of an article, the exact quantity that may be given, &c. We cannot have too many prompters of this kind, in the practice of our profession.

Obstetric Catechism.—A small volume has been published by Messrs. Barrington & Haswell, of which Joseph Warrington, M.D. of Philadelphia, is author, called "The Obstetric Catechism; containing two thousand and forty-seven questions and answers on obstetrics proper." The work is decidedly behind the age in its typography and artistical finish, and falls far below the general appearance of Philadelphia books. There are one hundred and fifty illustrations, but these, too, are below the usual

standard of anatomical drawings. Besides these deficiencies, we are disposed to object to the dialogue form of giving instruction, which may be considered as obsolete in the estimation of scholars. When the industrious author appears in a new edition, he can change this style advantageously. It is evident enough, from a perusal of the text, that Dr. Warrington is familiar with the department of practice to which the strength of his professional life has been principally devoted. From the multitude and character of the pupils instructed by him, there can be no doubt of his high attainments; and he deserves a far better introduction to the medical world than in the pages of the Catechism before us.

Maclise's Surgical Anatomy, by Piper. — Our friend Dr. Piper is the very personification of artistic and literary industry. He not only writes, draws, and illustrates his own works, but he contrives to better the text of other authors. A new edition of Maclise's Surgical Anatomy, with additions from Bourgery, is coming out under his critical eye, published by Jewett & Co., of Boston, and the same firm in Cleveland, Ohio. Of course, every one having an ounce of patriotism in his composition, will encourage a native effort of this kind, which is intended to place in the hands of the profession a rare series of surgical plans of the human body, true to the life, and at a price far below the original English cost.

Massachusetts Register.—Occasionally it happens that intelligence of common interest to business people, among whom physicians are invariably to be numbered, may be propagated through the pages of this Journal, without having the exclusive odor of medicine. No other apology need be required, for directing the attention of the profession of Massachusetts, and perhaps those residing in other sections of New England, to the Massachusetts Register for 1853, published by Mr. George Adams, 91 Washington st., Boston. It is such a perfect guide to every body's house and business — including druggists, apothecaries, surgical instrument manufacturers, as well as accounts of hospitals, dispensaries, charities, the residences of officers of all denominations, both in the public service and corporations, together with an immense amount of statistical information of all kinds—that it would be a book worth having on every physician's office table. It is a key to men and things in every city and town in the Commonwealth, besides imparting incidental information over a still larger field, always acceptable and often indispensable.

Organic and Physiological Chemistry.—Daniel Breed, M.D., of the U. S. Patent office, is the translator of Dr. Carl Löwig's Principles of Organic and Physiological Chemistry, which will be appreciated by all who cultivate that grand department of science. It is intended for a text-book—containing not only all the old discoveries, but also all the new facts, says the preface, relating to the animal and vegetable kingdoms. Dr. Draper, of New York, would never have allowed it to be dedicated to himself, did he not entertain a favorable opinion of the work. We cannot, at present, do much more than announce its appearance. The Messrs. Hart, late Carey & Hart, of Philadelphia, are the publishers. The volume is a good-sized octavo, of 481 pages. There is a strict technicality about it, that will suit advanced students. For mere popular study, it seems not to have been intended by the author. Profound research and deep learning pervade every page throughout.

The Bristol District Medical Society held its regular quarterly meeting at Taunton, March 9th; twelve of its members were present. At this meeting were chosen officers for the ensuing year, viz: — *President*, Dr. R. M. Randall. *Vice President*, Dr. Ira Sampson. *Secretary*, Dr. Wm. Dickinson. *Librarians*, Drs. James B. Dean, Phinehas Savery. *Board of Censors*, Drs. Thaddeus Phelps, Charles Howe, James B. Dean. *Board of Counsellors*, Drs. Benoni Carpenter, J. D. Nichols, Dan King. *Delegates to American Medical Association*, Drs. William Dickinson, Thaddeus Phelps, Ira Sampson.

In connection with the customary transactions, a very able and interesting paper was read by Dr. Dan King, upon the subject of "Quackery," as it is practised *in* and *out* of the profession; the duty of the regular practice in regard to it; the mutual duties of the members towards each other, and the reciprocal duties of physician and patient with reference thereto.

The next regular meeting will hold its session at Attleboro,' on June 8th.

WILLIAM DICKINSON, M.D., *Secretary.*

Medical Miscellany. — It seems that a reform medical college has been organized at Charlestown, over the bridge, opposite Boston. What has become of the one in Boston? — F. Tuthill, M.D., of New York, is an excellent collector of medical intelligence for the newspaper press. — Six gentlemen were graduated at the new Dental College, at Syracuse, N. Y. The institution seems to have been established in strength and respectability. —A person looking at some skeletons, the other day, asked a young doctor present where he got them. He replied, 'We raised them!'—Dr. John G. Stephenson is lecturing very acceptably to large audiences at Terre-Haute, Indiana.—The Siamese Twins, accompanied by one of each of their children, are to be publicly exhibited in Boston next month, being the first of a series of exhibitions in this country and Europe—six months to be spent in the former and a year and a half in the latter.

TO CORRESPONDENTS,—The following communications, in addition to those previously acknowledged, have been received: — Quinine in Rheumatism; Adulteration of Drugs; Nitrate of Silver in Dyspepsia; Report of a Surgical Clinique of the Philadelphia College of Medicine.

POSTAGE ON THE MEDICAL JOURNAL. — As some of the subscribers to this Journal appear to have misunderstood the provisions of the act of Congress of last year which apply to the postage to be paid upon the Journal, we would again state that our weekly issue can be sent to subscribers in this county, *free;* and to any part of the State, at 3 1-4 cents per quarter. When sent to any other part of the United States, the quarterly postage is 6 1-4 cents. The monthly series is sent at the rate of 4 1-2 cts. per quarter to any part of the country. In all cases, these quarterly postages must be paid in advance by subscribers at the office of delivery; if not thus paid, the rate is much higher.

ERRATA. — In the article on "Tully's Materia Medica," in the last number of the Journal, the word *organized* should be inserted before the word matter, in the fifth line of note on page 152. On page 154, 20th line from top, after the word "diminished," insert *strength of.*

Deaths in Boston for the week ending Saturday noon, March 26th, 72. Males, 35—females, 37. Inflammation of the bowels, 2—disease of the bowels, 1 — congestion of brain, 1 — consumption, 8—convulsions, 2—croup, 3—cancer, 2—dropsy, 1—dropsy in head, 5 — infantile diseases, 4—puerperal, 1—erysipelas, 2—typhus fever, 3—typhoid fever. 1—scarlet fever, 4—homicide, 1—hooping cough, 6—hemorrhage, 1—disease of the heart, 1—inflammation of the lungs, 6—disease of the liver, 1—marasmus, 2—old age, 1—palsy, 2—pleurisy, 1—rheumatism, 2—scrofula, 1—syphilis, 1—teething, 3—unknown, 2—worms, 1.

Under 5 years, 34 — between 5 and 20 years, 8—between 20 and 40 years, 17—between 40 and 60 years, 6—over 60 years, 7. Born in the United States, 53 — Ireland, 17 — British Provinces, 1—Germany, 1. The above includes 7 deaths in the city institutions.

Vital Statistics in Kentucky. — We have before alluded to the fact that much attention has been directed in Kentucky to the subject of vital statistics. In the Transactions of the Medical Society of that State—a document which is highly honorable to the Committee of Publication — is a report by the standing committee on this subject. From it we have gleaned the following interesting items.

In the whole State, the population averages 31 persons to the square mile; Jefferson county, the densest, has 171 — and Harlan county, the sparsest, only 6 to the square mile. The whole number of deaths for the year, ending June 1, 1852, was 15,211—being 1 in 64.46 persons, or 1.55 per cent. But the mortality varies greatly in the different counties. Arranging them in four classes — the first, comprising 18 counties, with a population of about 55 persons to the square mile, gives a mortality of 1 in 41.40, or 2 38 per cent. The highest in any one county was 1 in 25.72, or 3.88 per cent. Sixteen of these counties were visited by the cholera. The second class, of 20 counties, with a population of about 30 to the square mile, presents an average mortality of 1 in 58.92, or 1.69 per cent. The third class, 30 counties, and 29 persons to the square mile, gives a mortality of 1 in 79.16, or 1.23 per cent. One county in this class, entirely surrounded by those of the fourth or most highly-favored class, presents the anomalous condition of being wholly destitute of physicians— "no member of the profession having yet had the courage to penetrate within its borders." The fourth and last class comprises the remaining 32 counties of the State. The population is about 21 to the square mile, and the mortality was 1 in 122.35, or .81 per cent. The least mortality was 1 in 376, or .26 per cent. These last counties are generally mountainous and sterile, the population sturdy, and living in the utmost simplicity. Although the above exhibits so favorable a state of public health for the whole State, there are certain portions of it which are far otherwise. Among these is the city of Lexington, from which statistical returns have been received for the last twenty-one consecutive years, and also for the years ending the 10th of January 1818 and 1821. During the year 1817, the mortality was 1 in 90.88, or 1.10 per cent., and the births in the proportion of nearly three to one of the deaths. In 1820, the mortality was 1 in 64.71, or 1.54 per cent.; the births not enumerated. During 21 consecutive years from 1831, the whole number of deaths was 4,120, being an average mortality of 1 in 36.52, or 2.73 per cent. The births during the same period were 4,331. Only one year of these twenty-one gave as many as two births to one death. During two of these years — 1833 and 1849 — the cholera prevailed; in the former of which the mortality was 1 in 9·70, or 10.30 per cent. In 1837 it was the least of any year — 1 in 110.79; and last year it was 1 in 31.84, or 3.14 per cent. The committee state, that the conclusion to which they are led by these returns is, that there has been in Lexington for some years past, an increasing mortality, the causes of which demand a thorough and prompt investigation.

Wool-Spinning Mills and the Public Health. — At this moment an investigation is being made into the state of health of those engaged in wool-spinning mills, with the view of ascertaining the effects of oil as a prevention or cure of diseases, especially those of a pulmonary character. In those mills oil is extensively used, and the people engaged working there, although enduring the greatest hardships and privations, enjoy the best health.—*London Lancet.*